



Town of Bon Accord
 PO Box 779
 BON ACCORD AB T0A 0K0
 Phone: 780 921 3550
 Fax: 780 921 3585

The Inspections Group Inc.
 12010 – 111 Avenue
 EDMONTON AB T5G 0E6
 Phone: (780) 454 5048 Toll Free: 1 866 554 5048
 Fax: (780) 454 5222 Toll Free: 1 866 454 5222

BUILDING PERMIT APPLICATION

Applicant: Owner Contractor Permit Number: _____ Development Number: _____

Date of Application (Y/M/D) ____/____/____ Roll Number: _____

Architect/Engineer: _____ Phone: _____
 Address: _____ Fax: _____
 City/Prov. _____ Postal Code: _____

Building for which permit is required: NOTE 2 SETS OF PLANS/SPECIFICATIONS MUST BE ATTACHED TO THIS APPLICATION

Description of the project _____

Project: Commercial Residential Industrial Institutional Type of Work: New Renovation Demolition Addition Accessory

Project Installation Address _____

Legal: Lot _____ Blk _____ Plan _____ OR Part of _____ 1/4Sec _____ Twp _____ Rg _____ W of _____

Subdivision Name (if applicable) _____ Approximate Completion Date: (Y/M/D) ____/____/____ Brief _____

Directions to Site _____ Sq. Ft. _____

_____ Footprint _____ Main Floor _____ Basement _____ 2nd floor _____ Garage _____ Specify _____

Certified Survey: Yes No Enclosed _____ Number of Storeys Value of Labor and Materials: \$ _____ Building _____

Classification _____ Mobile Home: _____

CSA # _____ Model _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. The permit expires after one year without a prior extension request.

Owners Signature/Declaration (Single Family Residential Dwelling Permits Only)
 I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes & Regulations.

Name _____
 Phone No. () _____ Fax No. () _____
 Mailing _____ Address _____
 City _____
 Province _____ Postal Code _____
 Email _____

Agent/Contractor/Architect/Engineer's Signature

Name _____
 Company _____ Name _____
 Phone No. () _____ Fax No. () _____
 Mailing _____ Address _____
 City _____
 Province _____ Postal Code _____
 Email _____

Type of Payment: MC VISA INTERAC CASH CHEQUE

Card No. _____ Expiry Date _____
 Card Holder Name _____
 Card Holder Signature _____

Cost of Installation (labour plus materials) \$ _____
 Permit Fee \$ _____ + SCC Levy \$ _____
 S.C.C. Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00
 Total Fees \$ _____ Receipt # _____

AUTHORIZATION

Issuing Officer Name _____
 Designation # _____
 Issuing Officer's Signature _____
 Date Issued _____
 Plans Review _____ Resubmit by _____
 Comments _____

Please contact The Inspections Group at (780) 454-5048 Toll free: 1-866-554-5048 Fax: (780) 454-5222 for inspections allowing two working days notice!